

2016

Sustainable Development for the Next Generation: Annual Report 2015

Population Council

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ANNUAL REPORT 2015

Sustainable Development For the Next Generation



**POPULATION
COUNCIL**

Ideas. Evidence. Impact.

Annual Report 2015

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Cover: In Malawi, the Population Council has charted the progress of more than 2,500 rural adolescents since 2007, collecting data on their school experiences, learning, and health outcomes to guide policies that will boost their achievements and reduce HIV risk.

President's Letter



Julia Bunting, OBE

“Protecting, advancing, and enhancing young people’s welfare is one of the single biggest issues the global development community will need to address over the next 15 years. And the Population Council is at the forefront of this issue.”

My daughter recently turned 12 years old, and as we celebrated I was overwhelmed by thoughts of what the future might hold for her. Every parent knows the feeling: how can I protect and prepare this bundle of pre-teen potential for the world out there? How can I give her access to everything wonderful that’s waiting out there too? How can I give her the best possible launch into adulthood?

This is not just my concern. This is not just the concern of every parent. Protecting, advancing, and enhancing young people’s welfare is one of the single biggest issues the global development community will need to address over the next 15 years. And the Population Council is at the forefront of this issue.

In September 2015, at the United Nations General Assembly, heads of state and government launched the Sustainable Development Goals (SDGs), a bold agenda for development by 2030. For the first time, integrating the needs and rights of girls and women is woven into every aspect of the drive to ensure a safe, just, and equitable world and to end poverty worldwide. Young people are half the world’s population, and protecting their human rights, preparing them for adulthood, and creating gender equality must be at the center of every effort.

For 65 years, the Population Council has conducted research and delivered solutions that improve young people’s lives around the world. Experts here were among the first to argue that adolescent girls are central to the world’s social and economic development. Over the years, our research has revealed the potential of girl-centered policies to reach hundreds of millions of girls at risk for bad outcomes like early and forced marriage, unintended pregnancy, or HIV infection.

The new SDGs provide the roadmap for our work ahead. To achieve progress in reaching the 17 goals and their 169 “targets” requires careful research and evidence to ensure that investments are aligned behind policies and programs that have been proven to work.



In Malawi, we have charted the progress over time of more than 2,500 rural adolescents since 2007, collecting data on their school experiences, learning, and health outcomes to guide policies that will boost their achievements and reduce HIV risk. Results so far provide evidence to confirm the intuitive understanding that attending school can have far-reaching benefits, especially for girls. But thanks to the long-term nature of our study, we also know that when girls leave school, their world often shrinks, their achievements vanish, and they drop behind boys. Real and sustainable change will require us to continue to ensure and expand girls' opportunities beyond school as well as in it.

Research matters. By rigorously testing interventions, we find out what works—and importantly what doesn't—to advance ambitious global goals. Without research, we wouldn't know the best way to give adolescent girls access to quality sexual and reproductive health care and services that help support a healthy transition to adulthood as their bodies and minds mature. And we might not know that of the 11 most common interventions used to keep adolescent girls in school, only two have actually been proven to work: having female teachers and providing financial help.

Traditional skills and study subjects are not necessarily the tools that young people will need to succeed tomorrow. Gender roles are evolving and so are job opportunities—and the places we can intervene to help are evolving too. In South Asia, we work with girls migrating for factory jobs and have found that garment factories are ideal places to deliver the messages and services that will empower young women and improve their



lives. And Council research has shown that in schools, comprehensive sex education programs that focus on gender and power dynamics are 5 times more likely to reduce unintended pregnancies and sexually transmitted infections than those that don't.

Achieving the SDGs depends upon our ability to help all of today's 12-year-old girls make a safe transition through adolescence to a healthy, thriving adulthood. Too much is at stake—and we owe too much to the next generation—to spend money on things that sound good but have not been rigorously evaluated and shown to work. Our generous donors and partners, governments and institutions alike, know that we must rely on evidence and not intuition in deciding where to invest precious resources.

This 2015 annual report offers a look at the Council's contributions of evidence toward understanding the way the world is changing. Our findings may be new, but the process is established routine at the Population Council: generate innovative ideas, rigorously test them, and ensure the results have real-world impact. Because the future of my daughter (and my two younger sons) and millions like them depends upon it, we are helping to create cultures that value adolescents as assets and recognize their potential. We hope this report will engage you in that work as well.

Julia Bunting, OBE
President

2015 Highlights



In sub-Saharan Africa, more than 10 percent of girls are married before age 15 and 40 percent before age 18. In child marriage “hotspots” in Ethiopia and Tanzania, the Council tested four strategies to delay child marriage. We found that **when families and communities recognized the harms of child marriage and were offered economic incentives like school supplies, chickens, and goats, they delayed the age at which their daughters got married. The results from this research are being used to expand successful approaches to delay child marriage.**



The Council conducted the largest-ever survey of young people in Egypt to document the economic, social, political, and health circumstances of young people during this critical time in Egypt’s history. The survey also provides details about young people’s search for employment, their concerns about the economy, and their level of optimism for the future. This study surveyed the same group of young people studied by the Council in 2009, providing unique insight into how conditions and experiences of young people have changed since the revolution. This evidence is informing the Egyptian government’s response to the needs of youth.

Research by the Population Council found that **comprehensive sexuality and HIV education programs that address gender and power are five times more likely to be effective at reducing STIs and/or unintended pregnancy than those that do not.** This work reinforces recommendations in the Council’s *It’s All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*, which is reshaping sexuality and HIV education around the world.

Sexuality and HIV programs that emphasize gender or power

80%

of programs are effective at reducing STIs and unintended pregnancies

Sexuality and HIV programs that do not emphasize gender or power

17%

of programs are effective



In Nigeria, where nearly 3 percent of 15–19-year-olds are infected with HIV, Council experts collaborated with the government to develop the **first-ever national HIV strategy for young people** and guidelines on young people’s access to sexual and reproductive health services and participation in research.

The Council conducted groundbreaking research to identify the HIV vulnerabilities of women and young people in Egypt. While overall HIV prevalence is low, key populations are at extremely high risk for infection. **Council experts found that women are frequently put at risk because their husbands are HIV infected and don't know or tell their wives.** Egyptian policymakers committed to reexamining policies, including the national AIDS strategy, to expand women's access to HIV information and services, including the feasibility of HIV testing as part of services such as antenatal care.



More than half of girls in Burkina Faso will marry before age 18. **The government adopted its first national strategy for the prevention and ending of child marriage and acknowledged the assistance of the Population Council and partners.**

Scientists at the Council's Center for Biomedical Research completed the first clinical study of a **new microbicide, PC-1005, which is designed to protect women and men against HIV, herpes simplex virus 2, and human papilloma virus during vaginal and anal intercourse.** If proven effective, PC-1005 has the potential to help protect many of the 1 million women and men who contract a sexually transmitted infection daily.



More than 225 million women in developing countries want to prevent or delay pregnancy but are not using a modern method of contraception. A **report by the Population Council and Family Planning 2020, "Contraceptive Discontinuation: Reasons, Challenges, and Solutions,"** found that among women reporting unmet need for contraception, 1 in 3 had used a modern method in the past but discontinued use within one year. More than half stopped within two years. These findings highlight the need to identify what can be done to meet the family planning needs of women.

Among women reporting a current unmet need for modern contraception:

1/3

HAD USED A MODERN METHOD IN THE PAST BUT DISCONTINUED USE WITHIN **1 YEAR**

1/2

STOPPED USE WITHIN **2 YEARS**



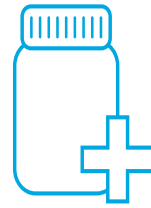
Two out of three women in Pakistan are not using contraception, and maternal mortality is unacceptably high. **In partnership with the government of Pakistan and UNFPA, the Council cohosted a landmark Population Summit that forged an historic consensus among national and religious leaders** on the importance of prioritizing health and development issues—in particular, the need for urgent attention to birth spacing and girls' education.

In *Studies in Family Planning* and *RH Reality Check*, Council experts Anrudh Jain and Saumya RamaRao called for family planning initiatives to focus on the real-life needs of people, not numerical targets, in measuring progress. **Their analysis urged the global community to ensure that efforts to expand access to family planning prioritize the needs, desires, and wellbeing of women, with a focus on quality of care, voluntary use, and informed choice.**

Family planning initiatives must focus on the real-life needs of people, not numerical targets, in measuring progress.



When a new contraceptive product is made available, overall contraceptive use increases by as much as 8 percent. **The Population Council and WomanCare Global, a nonprofit health-care company, announced a worldwide licensing agreement that will add an important new woman-controlled, long-acting, reversible family planning method to the mix.** If the Council-developed Nestorone®/Ethinyl Estradiol (NES/EE) contraceptive vaginal ring is approved by the U.S. Food and Drug Administration, this licensing agreement will give millions of women around the world access to a new contraceptive option. In clinical trials, 89 percent of women were satisfied with the NES/EE ring.



In Senegal, misoprostol, a drug essential for management of postpartum hemorrhage

and post-abortion care, is scarcely available. The Population Council's STEP UP project found that only 1 out of 3 private-sector pharmacists sold misoprostol. **This finding prompted an expansion of regional service training to include pharmacists and increased the number of pharmacists stocking the drug for maternal health indications—from 253 to 415 in a six-month period.** It also led to a commitment from the Ministry of Health to train pharmacists on all essential medicines, including misoprostol.

One-third of women in Bihar, India experience physical or sexual violence over the course of their lifetime. **The Council conducted rigorous research to test the effectiveness of government-run helplines, crisis centers, and shelters for women to reduce violence against women and girls.** The evidence provides national and state governments with information on which interventions should be expanded to end violence and keep women and girls safe.



In Mexico, where more than half of all pregnancies are unintended, the **Population Council and the National Pro-Choice Alliance hosted the Fifth Research Meeting on Unwanted Pregnancy and Unsafe Abortion.** The meeting strengthened the collaboration between civil society organizations and public institutions to expand the discussion about abortion rights and bring about the global change needed to save lives and improve the quality of abortion services.



Intimate partner violence (IPV) and HIV risk are often connected.

Council research in Kenya revealed that screening women for IPV during HIV testing and counseling empowers women and increases the likelihood that they will both disclose an experience of violence and seek services to address it.



2nd Annual Ideas with Impact Awards

The Council hosted its second annual Ideas with Impact Awards Gala in New York City on October 6, 2015.

Two exceptional leaders were honored: philanthropist and advocate [Elizabeth J. McCormack](#), and Grammy Award winner and activist [Angélique Kidjo](#). Ms. McCormack was awarded the inaugural Champion Award, which celebrates and recognizes lifelong commitments to, and support of, a healthier and more just society. Ms. Kidjo was given the 2015 Impact Award for her tireless work to enable girls in her home country of Benin to access education.

The ceremony was co-chaired by Ford Foundation President, [Darren Walker](#), Council Trustee, [Theo Spencer](#), and longtime friend of the Council, [Sukey Wagner](#). The Gala raised nearly \$500,000 to support the Council's work, including \$250,000 for the Peter J. Donaldson Fund.

About the Peter J. Donaldson Fund

In 2014, the Population Council's Board of Trustees launched the Peter J. Donaldson Fund in honor of Council President Emeritus, Peter J. Donaldson. This Fund is a tribute to Peter's steadfast belief in the importance of building the skills of developing-country professionals to conduct research and use evidence for strategic decision making, program design, and policy change. In doing so, national institutions are built and staff foster sustained improvements in the lives of vulnerable women, girls, and men in their country and beyond.

During the 2015 Gala, supporters raised \$125,000, which was matched, for a total of \$250,000 raised for the Fund. Investments from the Fund support the dissemination of research, increase leadership development, and help mold future policies. To make a contribution to the Peter J. Donaldson Fund, please contact philanthropy@popcouncil.org.



Get Involved

In 2015, the Council launched an initiative to create **regional volunteer-driven steering committees** across the United States and Canada. With staff support, committees increase engagement with and awareness of the Council's work and impact, and broaden the Council's outreach and connection to local communities. Committees host local events and help identify new ways supporters can engage with the Council. In 2015, a steering committee was launched in the San Francisco Bay Area, and one is forming in Seattle. Anyone who supports the Council's mission is welcome to join these committees. If you are interested in volunteering on an established committee, or would like to help organize a new one, please contact philanthropy@popcouncil.org.

Elizabeth J. McCormack (top); Sukey Wagner, Angélique Kidjo, Theo Spencer (middle); Julia Bunting, Darren Walker (bottom).

About the Population Council

The Population Council conducts research and delivers solutions to improve lives around the world.

Tackling tough challenges

Our work allows couples to plan their families and chart their futures. With a focus on advancing rights, improving equity, and expanding access, we develop products, generate evidence, and deliver program and policy solutions that protect and promote women's health and encourage men's supportive engagement in reproductive health.

We are at the forefront of research, policy analysis, and program design for adolescent girls in the developing world. We identify which girls are most marginalized and demonstrate what they need to reach a healthy, productive adulthood. We empower girls to protect themselves and have a say in their own lives.

And we help people avoid HIV infection and obtain life-saving HIV services. We are devoted to understanding and slowing the spread of the AIDS epidemic. We expand access to innovative and effective products and services, with a focus on populations most at risk of HIV infection.

Established in 1952, the Population Council is governed by an international board of trustees. Its New York headquarters supports a global network of country offices. The Council staff consists of more than 540 women and men from over 30 countries. More than 60 percent work in our international offices. Council staff members conduct research and carry out programs in 50 countries.

Delivering solutions

Population Council staff:

- identify consequential health and development challenges;
- work with partners to design, implement, and evaluate programs to address these challenges;
- conduct biomedical research to develop products to alleviate some of the biggest global health burdens, including unintended pregnancy and HIV; and
- share our research widely with policymakers, program managers, the scientific community, industry partners, and the public to ensure that programs and products reach the populations they are intended to serve.

Sharing knowledge

The Population Council publishes two high-impact, peer-reviewed scientific journals—*Population and Development Review* and *Studies in Family Planning*—that shape programs, policies, and research methodologies. The Council also maintains a website and produces and disseminates books, working papers, newsletters, reports, slide shows, software, and toolkits to share our evidence and have lasting impact.

Improving policies and programs

The Population Council's work goes beyond research. We strive to ensure that our evidence is translated into lasting impact through policies and programs. We provide technical assistance to strengthen national programs, and we offer expertise in expanding effective and sustainable interventions, implementing systems to monitor and evaluate projects, and finding innovative ways to pay for health care.

Strengthening technical expertise

Through our grants, fellowships, apprenticeships, and support to research centers, we have advanced the education and careers of thousands of social and biomedical scientists, public health researchers, and program managers. We have strengthened local institutions in developing countries through our major investments in research.

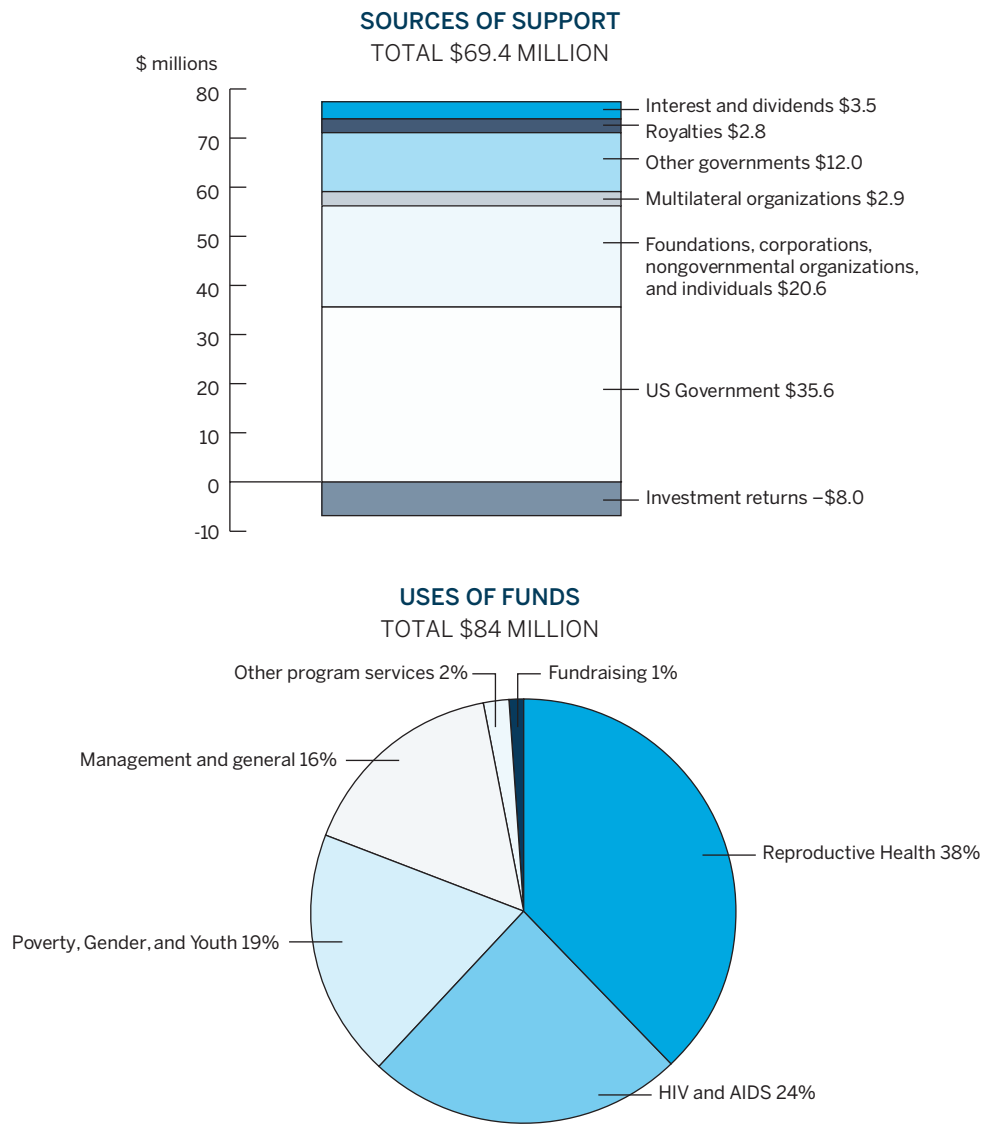
Forming partnerships

Achieving our ambitious mission is only possible in partnership with governments, universities, foundations, pharmaceutical companies, public and private health networks, hospitals, research centers, nongovernmental organizations, and individuals from around the world. These partnerships represent one of the most influential ways in which we improve health and development and create lasting change. Through our partnerships, we support sound practices and efforts to increase the scope of highly effective programs.

2015 FINANCIAL REPORT

The charts on this page provide details on the Council's sources of support and use of funds. The Council's program spending ratio, a key financial indicator, was 83 percent for fiscal 2015. For every dollar spent, 83 cents goes directly to research and program activities, demonstrating our prudent management and commitment to our mission.

We closely monitor the Council's financial status and remain committed to the fiscal discipline necessary to maintain our record of accomplishments. Readers interested in learning more about the Council's finances can consult <http://popcouncil.org/who/financials.asp>



STATEMENT OF ACTIVITIES (For the year ended December 31, 2015)

	Unrestricted			Restricted		
	General	The John D. Rockefeller 3rd Memorial Fund and others	Total	Temporarily restricted	Permanently restricted	Total
	undesignated					
OPERATING REVENUE						
Grants and contributions	\$69,734,965	1,000	69,735,965	1,359,375	—	71,095,340
Royalties	2,850,741	—	2,850,741	—	—	2,850,741
Interest and dividends (net of \$185,022 investment fees)	7,402	2,956,990	2,964,392	557,505	—	3,521,897
Net appreciation in fair value of investments	10,231	(6,737,765)	(6,727,534)	(1,396,107)	—	(8,123,641)
Other	75,281	—	75,281	—	—	75,281
Net assets released from restrictions	1,656,433	—	1,656,433	(1,656,433)	—	—
TOTAL OPERATING REVENUE	74,335,053	(3,779,775)	70,555,278	(1,135,660)	—	69,419,618
OPERATING EXPENSES						
Program services						
HIV and AIDS	20,215,943	—	20,215,943	—	—	20,215,943
Poverty, Gender, and Youth	15,410,393	224,897	15,635,290	—	—	15,635,290
Reproductive Health	29,249,247	2,455,313	31,704,560	—	—	31,704,560
Distinguished Colleagues	238,042	—	238,042	—	—	238,042
Publications	1,682,456	—	1,682,456	—	—	1,682,456
TOTAL PROGRAM SERVICES	66,796,081	2,680,210	69,476,291	—	—	69,476,291
Supporting services						
Management and general	13,131,220	469,588	13,600,808	—	—	13,600,808
Fundraising	932,641	—	932,641	—	—	932,641
TOTAL SUPPORTING SERVICES	14,063,861	469,588	14,533,449	—	—	14,533,449
TOTAL OPERATING EXPENSES	80,859,942	3,149,798	84,009,740	—	—	84,009,740
(Deficiency) excess of operating revenue over operating expenses	(6,524,889)	(6,929,573)	(13,454,462)	(1,135,660)	—	(14,590,122)
Other changes in net assets						
Gain on lease obligation and other, net	(32,781)	—	(32,781)	—	—	(32,781)
Pension and other postretirement charges other than net periodic benefit cost	(811,075)	—	(811,075)	—	—	(811,075)
Transfer from endowments	5,683,430	(4,864,678)	818,752	(818,752)	—	—
DECREASE IN NET ASSETS	(1,685,315)	(11,794,251)	(13,479,566)	(1,954,412)	—	(15,433,978)
NET ASSETS AT BEGINNING OF YEAR	3,970,778	83,617,598	87,588,376	12,980,346	5,485,776	106,054,498
NET ASSETS AT END OF YEAR	\$ 2,285,463	71,823,347	74,108,810	11,025,934	5,485,776	90,620,520

BALANCE SHEET (For the year ended December 31, 2015)

	TOTAL
ASSETS	
Cash and cash equivalents	\$ 9,094,177
Grants and contributions receivable, net	
U.S. government agencies	9,579,969
Other	4,847,307
Other receivables	784,760
Prepaid expenses and other assets	2,174,454
Postretirement medical benefits trust	4,936,887
Investments	100,636,451
Fixed assets, net	12,821,446
TOTAL ASSETS	144,875,451
LIABILITIES AND NET ASSETS	
Liabilities	
Accounts payable, accrued expenses, and other liabilities	\$ 4,981,777
Awards, contracts, and fellowships payable	5,468,649
Program advances	14,079,032
Deferred revenue	9,642,857
Loans payable	4,435,276
Deferred rent credit	5,473,220
Accrued lease obligation	176,544
Postretirement medical benefits payable	9,997,576
TOTAL LIABILITIES	54,254,931
Net assets	
Unrestricted	
General undesignated	2,285,463
The John D. Rockefeller 3rd Memorial Fund and others	71,823,347
SUBTOTAL UNRESTRICTED	74,108,810
Restricted	
Temporarily restricted	11,025,934
Permanently restricted	5,485,776
TOTAL NET ASSETS	90,620,520
TOTAL LIABILITIES AND NET ASSETS	\$ 144,875,451

A copy of the audited financial statements, prepared in accordance with U.S. generally accepted accounting principles, is available upon request from Population Council, One Dag Hammarskjöld Plaza, New York, New York 10017, and can be accessed online at popcouncil.org.

SOURCES OF SUPPORT

The Population Council is grateful to each of our donors, whose generosity makes our work possible. Funding for the Population Council's work was provided by government agencies, multilateral organizations, foundations, corporations, and individuals. We value our longstanding relationships with many of these donors and welcome the support from new ones. Their commitment allows the Council to deliver solutions to critical health and development challenges and improve lives.

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 - Ministry of Foreign Affairs of Denmark
- Government of Ireland
 - Irish Aid
- Government of the Netherlands
 - Embassy of the Kingdom of the Netherlands
- Government of Norway
 - Norwegian Agency for Development Cooperation (NORAD)
- Government of Sweden
 - Swedish International Development Cooperation Agency (SIDA)
- Government of the United Kingdom
 - Department for International Development (DFID)
- Government of the United States
 - Agency for International Development (USAID)
 - Centers for Disease Control and Prevention (CDC)
 - National Institutes of Health (NIH)

MULTILATERAL ORGANIZATIONS

- Inter-American Development Bank (IDB)
- International Labour Office
- United Nations Children's Fund (UNICEF)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)

- United Nations Population Fund (UNFPA)
- World Bank Group
- World Health Organization (WHO)

FOUNDATIONS/ CORPORATIONS/ OTHER NONGOVERNMENTAL ORGANIZATIONS

- Anonymous (4)
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- Avenir Health
- The Barr Foundation
- Bayer Schering Pharma AG
- The Fred H. Bixby Foundation
- Columbia University Medical Center
- Crown Agents Limited
- Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
- Elton John AIDS Foundation
- EngenderHealth
- FHI 360
- The Ford Foundation
- Futures Institute
- The Bill & Melinda Gates Foundation
- Girl Effect
- Global Health Corps (GHC)
- Guttmacher Institute
- Health Decisions
- The William and Flora Hewlett Foundation
- Human Dignity Foundation
- Fred Hutchinson Cancer Research Center
- IBM
- Institute of Educational Development, BRAC University (IED-BRACU)
- International HIV/AIDS Alliance
- International Initiative for Impact Evaluation (3ie)
- International Planned Parenthood Federation (IPPF)
- International Rescue Committee (IRC)
- Henry M. Jackson Foundation for the Advancement of Military Medicine
- The Johns Hopkins University
- JSI Research & Training Institute
- The W. K. Kellogg Foundation
- London School of Hygiene & Tropical Medicine (LSHTM)
- Los Angeles Biomedical Research Institute at Harbor-UCLA
- John D. and Catherine T. MacArthur Foundation
- Magee-Women's Research Institute and Foundation (MWRIF)
- Makerere University-Johns Hopkins University (MU-JHU) Research Collaboration
- Marie Stopes International (MSI)
- National Agency for the Control of AIDS (NACA)
- The New Venture Fund
- Nike Foundation
- Novicol International Holding
- NoVo Foundation
- The Oak Foundation

- Options Consultancy Services Limited
- The David & Lucile Packard Foundation
- Plan International
- Population Services International (PSI)
- Program for Appropriate Technology in Health (PATH)
- Project Concern International
- Public Health Foundation of India (PHFI)
- Research & Advocacy Fund (RAF) of the British Council
- Research Foundation of the City University of New York
- Save the Children
- Silatech
- Society for Family Health (SFH)
- The Summit Foundation
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